

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses

ement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

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JAN 2 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lob	byist(s) Ed Leahy			1
II. Name of loh	hyist's partnership, firm or cor	poration, if any:		DEP
Ada	apt Pharma, Inc.			
	(Name of partnership, firm or corpe	oration)	· 	
c/o Politic	com Law LLP, 28 Liberty Ship	Way Suita 2816	Saucalita CA DEGG	r
Business Address	(Street)	Town/City)	(State)	(Zip Code)
(415) <u>903-</u> (Telept	2800 (415)	610-7604 (fax)	c-mail reporting@	politicomlaw.com
· · · · · · · · · · · · · · · · · · ·	ent covers: (Chouse one – file se ase transactions which are not a	ittributable to any	one client).	
X) All reportabl	e transactions occurring in the mo	nths prior to the rep	orting date relative to th	e following client:
Adapt Ph	arma, Inc			
OR	(Full Name of Client as it app	ears on the Lobbyist I	Registration Form)	· · · · · · · · · · · · · · · · · · ·
	transactions by the lobbyist (incliparticular client.	uding the lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of Repo	ort April 26, 2017 []		July 26, 2017	
Reports cover:	activity from date of registration to	3/31/17 activ	ity from 4/1/17 to 6/30/17	
	October 25, 2017 11 activity from 7/1/17 to 9/30/17	activ	January 31, 2018 X vity from 10/1/17 to 12/31/	17
V. There have If this box is chec Concord, NH 033	been no fees received and no ked, complete just this form and s	repartable trans: ubmit It to the Secre	actions made since th tary of State's Office, St	ne last report. [7] ate House, Room 204,
VI. Check if add	itional reports are attached:			
	eccived fees or made expenditures	vivii mujet fila A.d.d	andum 4 Favourable	
☐ If you have p Expense Reimbur	aid an honorarium or reimbursed o	expenses, you must	file Addendum B Rep	ort of Honorariums or
□ If you, your f	irm, or your family has made poli	tical contributions, y	ou must file Addendun	n C Political Contributions
I have read RSA 1	VAffirmation by Lobbyist 15, RSA 15-B, RSA 14-C and RSA the best of my knowledge and belief Dyist) Leyly bbyist	\ 664 and hereby sv f.	year or affirm that the fo $\frac{1}{2}$ $\frac{2}{1}$ (Date	regoing information is true

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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JAN 24 2018

I. Name of Lobbyist(s) Ed Leahy		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:		LO STATE
(Name of partnership, firm or corporation)		
III. Name of Client Adapt Pharma, Inc.	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, governmentuding research, monitoring legislation, and related legal work. The reduced by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period	ove that are related, directly or indirectly or indirectly or relations, or public relations serving gross fee amount reported shall not	tly,
 (Fhis should equal the total of all prior monthly reports for this calendar c) Total of all fees received to date (Add lines a and b) 	1 b) \$ 3,230.64 year)	
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$0.00	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to r fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for examplument where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobbied, an itemized statement of each individual expenditure made during this regang purpose not covered by (a) (for example: purchase of a meal with value greany purpose not covered by (a) (for example: purchase of a meal with value greany expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	n client and if expenditures are made; may be filed for the lobhyist(s)/fin the aggregate total of all expenses par expenses; (b) the aggregate total of ple: meals purchased during a busine cast than \$10 that is given to the perse ied with a value of \$25.00 or tess); an oorting period of greater than \$25.00 fler than \$25.00 but not greater than \$5	by m. iid all sss on ad or a
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a) \$ <u>0,0</u> 0	
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.		
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0.00	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$000
f) Total of all expenses year to date	ŋ\$0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this repo
Paid to:	Amount:
<u>N/A</u>	\$ 0.00
and the second s	\$
	s
	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$

Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing inform
(Signature of lobbyist)	_//22/18
(Signature of lobbyist)	(Date)

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